## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This appropriate. All further of indicated unless corrected maintenance fee notificated.	a below or altected only	or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a	a) specifying a new con	esponuence aucress,	and or i	(0) muicamig a sept	tate 11	ES ADDIGSS TO	
CURRENT CORRESPONDE	Fe	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
DR. MARK M C/O BILL POLK 9003 FLORIN W	CH Si ac tr	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
UPPER MARLE						(Depositor's name)			
								(Signature)	
			Γ					(Date)	
APPLICATION NO.	PLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.		
			Gena Perlov	967/5		5554			
10/659,354 09/11/2003 TITLE OF INVENTION: OZONE PLASMA MEDICAL STERILIZATIO							3334		
ITTLE OF INVENTION	: OZONE PLASMA ME	DICAL STERILIZATIC	אנ						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	FEE TOTAL FEE(S) DUE			DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	<b>\$</b> 0 \$1055			02/03/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
MCKANE, ELIZABETH L		1797	422-023000						
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up or agents OR, altern	f a single firm (having as a member a new or agent) and the names of up to tent attorneys or agents. If no name is					
PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi h in 37 CFR 3.11. Comp	THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for I a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Jerusalem, ISRAEL							
Please check the appropr	late assignee category or	categories (will not be p	rinted on the patent):	individual Xic	orporatio	n or other private gr	oup enti	ty Government	
4a. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies			A check is enclosed Payment by credit	nt of Fce(s): (Please first reapply any previously paid issue fee shown above) heck is enclosed, ment by credit card. Form PTO-2038 is attached. Director is hereby authorized to charge the required fee(s), any deficiency, or credit any payment, to Deposit Account Number					
5. Change in Entity Sta	tus (from status indicated	f above)	porter.						
~ -	s SMALL ENTITY state		☐ b. Applicant is no l						
NOTE: The Issue Fee an interest as shown by the i	d Publication Fee (if requecords of the United Sta	ired) will not be accepte tes Patent and Trademarl	ed from anyone other tha k Office.	n the applicant; a reg	istered at	torney or agent; or t	ne assign	nee or other party in	
Authorized Signature		/h		Date	Febr	uary 2, 2	009		
Typed or printed name	Mark M.	Friedman		Registration l	Ñο.	33,883		And the state of t	
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37/C liality is governed by 35 I application form to the ons for reducing this bu- irginia 22313-1450. DC 13-1450.	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will varied den, should be sent to the NOT SEND FEES OR persons are required to re-							